

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 09/006 999	FILING DATE 1/14/98
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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48							
49							
50							
TOTAL IND.	3						
TOTAL DEP.	6						
TOTAL CLAIMS	9						
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							

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